



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

**ELECTRICAL PERMIT
RESIDENTIAL ONLY**
BLDG - FRM - 002

Tax Map
Parcel

Permit Fee: _____
Total \$ _____
☐ Paid with Permit
☐ Cash
☐ Check # _____
Official Use Only

Location: _____		Applicant: Owner: _____		Phone # _____
Number of Existing Services at Property _____	Amps _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> ADU <input type="checkbox"/> Other		PSNH Job # _____

Description of Work

☐ See attached Documents/ Plans

☐ Service Upgrade
Existing _____(Amps) to _____(Amps)

☐ Adding Subpanel _____
for _____ (Amps)

☐ Temporary Service _____(Amps)
Duration _____(Days)

☐ Wiring New Dwelling

ITEM	# of	Amps
Range / Stove		
Dryer		
Refrigerator		
A/C Unit		
Heat Pump		
Water Heater		
Hot Tub		
Generator		

Specifications:

1. Wiring to current state of NH adopted NEC codes and Town Regulations.

Inspections:

1. Rough work complete, visible, grounds connected
2. Work complete, devices connected, before occupancy

Comments: _____

*** 24 HOUR NOTICE REQUIRED FOR INSPECTION ***
603-420-1730

☐ I CERTIFY THAT I HAVE AUTHORIZATION FROM THE OWNER OF THE DWELLING LISTED ABOVE AND WILL BE INSTALLING THE WIRING IN ACCORDANCE TO THE STATE OF NH ADOPTED NEC CODE AND TOWN REGULATIONS.

Signature of Applicant

☐ I CERTIFY THAT I OWN AND OCCUPY THE DWELLING LISTED ABOVE, AND WILL BE INSTALLING THE WIRING MYSELF IN ACCORDANCE TO THE STATE OF NH ADOPTED NEC CODE AND TOWN REGULATIONS.

Signature of Owner

Electrician's Name (Print)

Master Lic. #

Electrician's Signature

Date

Address

Phone #

*** Proof of current Master license required, provide a copy**

Approved By: _____
Authorized Signature Date